

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
50 County Jefferson County Registration District No. 423
Township Rock Primary Registration District No. 5578
City Valley Park (No. Valley Park)

File No. 33488
Registered No. _____
St. _____ Ward _____

2. FULL NAME Peter Kopron
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Kopron
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1858
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
about 75 Unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

13. NAME Joseph Kopron

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Josephine Kopron
Valley Park, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Peter's Paul DATE Oct 7 1933

19. UNDERTAKER (ADDRESS) Mr. C. Moyall
1924 Allen

20. FILED 1074 1933 J. M. Ebel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1933 to Oct 5 1933
I last saw him alive on Oct 5 1933 Death is said to have occurred on the date stated above, at 9:45 a.m.
The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction
93C
122B
97
Other contributory causes of importance:
Hypertension and
Chronic Myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Frank J. Shuck, M. D.
(Address) Fenton, Mo.

**ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.**

File No.

Registered No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from 02.4 1933 to 02.5 1933

I last saw h. alive on 10/11/40 above 19 Death is said

to have occurred on the date reflected above, at

The principal cause of death and related causes of importance were as follows:

The principal cause of the... and related causes of importance were as follows:

_____ Date of contract _____

10. Date deceased last worked at this occupation (month and year)

11. Total time (years)
spent in this
occupation.....

**12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**

13	NAME
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FAT 14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

15 MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

**19. UNDERTAKER
(ADDRESS)**

20. FILED 19

Confidential obstructs	Date of onset
Cause unknown. Onset According to family statements about 2 weeks before death	

Other contributory causes of importance:
Hypertension and
Atherosclerosis.

Name of operation	12/2/77	Date of
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What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____ 19____

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of decedent?.....

If so, specify 2-2-1

Thank + Quick

3 4 10

(Address) Franklin V. Co.

S-33488